

Exhibit “D”
to Affidavit of Nettie Burks

Emergency Treatment Form
dated November 3, 2004

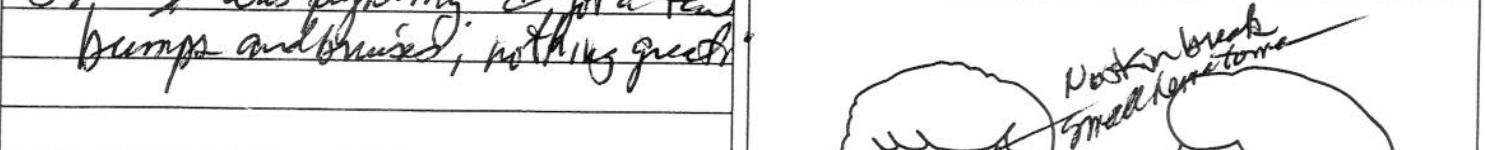
EMERGENCY

ADMISSION DATE 11/13/04	TIME 2230 AM	ORIGINATING FACILITY BCC	<input type="checkbox"/> SICK CALL <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT
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ALLERGIES NKA	CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA
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VITAL SIGNS: TEMP 100.9	ORAL RECTAL	RESP. 20	PULSE 120	B/P 144/94	RECHECK IF SYSTOLIC <100/50
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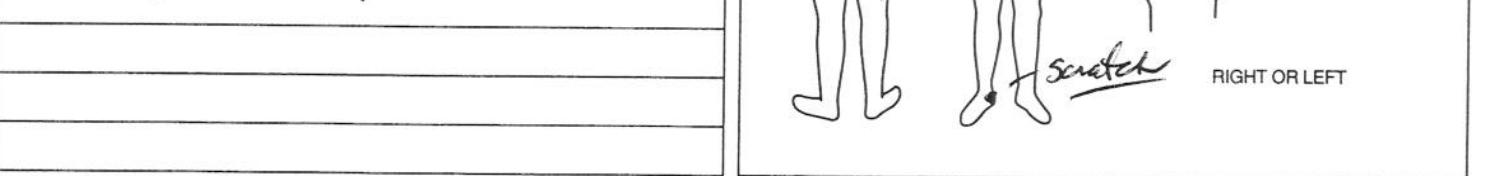
NATURE OF INJURY OR ILLNESS <p>5: "I was fighting. I got a few bumps and bruised; nothing serious."</p>	ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES
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01 Hemostoma frontal of cranial
① 3cm ② 2.5cm skin intact ③ frontal
③ scratch 5 inches ④ 3.5 ⑤ 2 inches
⑤ 2.5. Broken skin 4 inches on
below it on back. Lt foot 2 inches
2cm healed (old area)

PHYSICAL EXAMINATION

A: Body Chart per DOC



P: Release to DOC

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTOCOPIED

DIAGNOSIS

INSTRUCTIONS TO PATIENT

Consider following through to mental health referral.

DISCHARGE DATE 11/13/04	TIME 2230 AM	RELEASE / TRANSFERRED TO DOC	CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> CRITICAL	
INMATE'S SIGNATURE Wheeler, RN	DATE 11/3/04	PHYSICIAN'S SIGNATURE BCC	DATE	CONSULTATION
INMATE NAME (LAST, FIRST, MIDDLE) Wright, Richard	DOC# 187140	DOB 8/15/67	R/S B/m	FAC. BCC